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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Maricopa</u> State <u>ARIZONA</u>		State File No. <u>57103</u>	
Township <u>Phoenix</u> City <u>Phoenix</u>				No. <u>Good Samaritan Hospital</u>		Registered No. <u>23</u>	
Length of residence in city or town where death occurred <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds.				How long in U. S. if of foreign birth? <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds.		How long in State when death occurred? <u>4</u> yrs. <u>4</u> mos. <u>4</u> ds.	
2. FULL NAME <u>Emma Kelsey Peterson</u>				(a) Residence: No. <u>NONE</u>		(Usual place of abode) St. <u>Phoenix</u> Ward <u>23</u>	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) <u>Widow</u>			
5a. If married, widowed, or divorced <u>Widowed</u> (or) WIFE of <u>None</u>							
6. DATE OF BIRTH (month, day, and year) <u>Sept. 21, 1896</u>							
7. AGE <u>37</u> Years		<u>3</u> Months		<u>12</u> Days		If LESS than 1 day, <u>1</u> day, <u>1</u> hrs. <u>1</u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waitress</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>					
10. Date deceased last worked at this occupation (month and year) <u>None</u>		11. Total time (years) spent in this occupation <u>None</u>					
12. BIRTHPLACE (city or town) <u>Mountain Wisconsin</u>							
13. NAME <u>Unknown</u>							
14. BIRTHPLACE (city or town) <u>Unknown</u>							
15. MAIDEN NAME <u>Unknown</u>							
16. BIRTHPLACE (city or town) <u>Unknown</u>							
17. INFORMANT <u>Hospital Records</u>							
18. BURIAL, CREMATION, OR REMOVAL <u>Burial</u> Place <u>Greenwood Cemetery</u> Date <u>Jan 6, 1934</u>							
19. UNDERTAKER <u>Grimshaw-Acton Mortuary</u> (Address) <u>Phoenix, Arizona</u>							
20. Filed <u>1-19-34</u> Registrar <u>W. H. Thomey</u>							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>Jan 2, 1934</u>							
22. I HEREBY CERTIFY, That I attended deceased from <u>12/20/33</u> 19 <u>33</u> to <u>1/2/34</u> 19 <u>34</u> . I last saw him alive on <u>1/2/34</u> 19 <u>34</u> ; death is said to have occurred on the date stated above, at <u>1:25 P.</u> m. The principal cause of death and related causes of importance were as follows: <u>Pulmonary T.B.</u> Date of Onset <u>9 mos</u>							
Other contributory causes of importance: <u>T.B. peritonitis</u> <u>9 mos</u>							
Name of operation <u>None</u> Date of <u>None</u>							
What test confirmed diagnosis? <u>None</u> Was there an autopsy? <u>No</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>34</u> . Where did injury occur? <u>None</u> (Specify city or town, county and State) Specify whether injury occurred in industry, in home, or in public place. Manner of injury <u>None</u> Nature of injury <u>None</u>							
24. Was disease or injury in any way related to occupation of deceased? <u>None</u>							
If so, specify (Signed) <u>E. Dwyer</u> M. D. (Address) <u>Phoenix, Ariz.</u>							